





PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Box ISSUE FEE

Commissioner for Patents

Washington, D.C. 20231

Fax (703)746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 4 should be completed where expressing. All further correspondence including the Patent advance orders and posification of maintenance fees will be mailed to the current correspondence address as

maintenance fee notifications CURRENT CORRESPONDENCE	I. ADDRESS (Note: Legibly mark-up			Note: A certific	ress; and/or (b) indicating a sepa ate of mailing can only be used for ittal. This certificate cannot b	r domestic mailings of the	
7590 12/13/2002 /				accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
MICHAEL J. CO		DE		totum anamig,	•	•	
LARGO, MD 3377		11 - 16)	/	I hereby certify	Certificate of Mailing or Trans that this Fee(s) Transmittal is	mission being deposited with the	
21 210 0 , II = 00 , II		3		United States Pe envelope addres	that this Fee(s) Transmittal is estal Service with sufficient postages and to the Box Issue Fée address	se for first class mail in an above, or being facsimile	
	· .	2 8 2013 E		transmitted to th	e USPTO, on the date indicated be	clow.	
	1			JEANN	E M. CARREL	(Dispositor's name)	
		/ 2		Les	me M Carel	(Signature)	
	7	THAT I ARE		MUNA	RY 22 2003	(Dette)	
APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR		NTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/893,481	06/29/2001	Steven D. Ritchie		ie		5289	
TITLE OF INVENTION: SE	X AID						
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUB	LICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	MOYES	\$1200 2	50 \$300 ·		\$1500 150	03/13/2003	
-							
EXAMINER CAN GIVE C		ART UNIT					
GILBERT, SAMUEL G		3/30	3736 600-038000				
1. Change of correspondence CFR 1.363).	ee Address" (37						
				up to 3 registered, alternatively, (2)			
Address form PTO/SB/12	nce address (or Change of Co 2) attached.	orrespondence	single firm (having as a meml	ber a registered		
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND	RESIDENCE DATA TO BE	PRINTED ON THE	PATENT (prin	or type)			
	assignee is identified below to the USPTO or is being sub	v, no assignee data w omitted under separate	ill appear on the cover. Comple	•• •	of assignee data is only appropriate NOT a substitute for filing an assig COUNTRY)	e when an assignment has nument.	
Please check the appropriate	assignee category or categor	ies (will not be printe	d on the patent)	☐ individual	Corporation or other private gr	roup entity government	
4a. The following fee(s) are	enclosed:	4b. Pay	ment of Fec(s):				
Issue Fee A check in the amount of the fee(s) is enclosed.							
☐ Publication Fee ☐ Payment by credit card. Form PTO-2038 is attached.							
☐ Advance Order - # of Co	ppies	☐ The Deposi	Commissioner in Account Num	s hereby authorized ber	by charge the required fee(s), or c (enclose an extra copy of this i	redit any overpayment, to form).	
Commissioner for Patents is	requested to apply the Issue	<u>.</u>			ously paid issue fee to the applicati		
(Authorized Signature)		(Date)		T			
		JANUARY &	22 2003	:			
NOTE; The Issue Fee and other than the applicant; a interest as shown by the rec	Publication Fee (if require a registered attorney or age cords of the United States Par	d) will not be accept nt; or the assignee of tent and Trademark O	ted from anyons or other party in ffice.		•		
This collection of informat	tion is required by 37 CFR	1.311. The information	on is required to	01/30/2003	HAUDHE2 00000065 098934	81 /	
case Any comments on t	is governed by 35 U.S.C. II: es to complete, including as n to the USPTO. Time will the amount of time you in is burden, should be sent to c. U.S. Department of Con COMPLETED FORMS	very depending upo	n une maiviaus his form end/o			00.00 @P 30.00 @P	

TRANSMIT THIS FORM WITH FEE(S)

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.